

Delaware Psychiatric Center Psychiatry Residency Program

Affiliated with the Department of Psychiatry and Human Behavior,
Thomas Jefferson University
Philadelphia, PA



1901 North Dupont Highway
New Castle, Delaware 19720
(302) 255-2707





**DELAWARE HEALTH
AND SOCIAL SERVICES**

DIVISION OF SUBSTANCE
ABUSE AND MENTAL HEALTH

CENTRAL OFFICE

As Director of the Delaware Department of Health and Social Services Division of Substance Abuse and Mental Health, I welcome your interest in our four year Psychiatry Residency Program. This program is an integral part of our system of service delivery that will give you the opportunity to have a rich and diverse educational and training experience that encompasses both public and private sector involvement.



The Division of Substance Abuse and Mental Health is the combined State Mental Health Authority and Single State Agency for Substance Abuse. We are responsible for the development of public behavioral health policy; administration of a continuum of care for adults in need of mental health, substance abuse, and gambling treatment; data collection and analysis; and education and training of the public sector workforce. With my background as an experienced administrator in the behavioral health field and a current member of the NIMH National Advisory Mental Health Council, I understand the value in providing appropriate and effective treatment to adult populations with mental and substance abuse disorders. To that end I have guided the implementation of evidence-based practices in our treatment system and continue to encourage applications for competitive research grants and other mechanisms to infuse quality into our system.

The State of Delaware has new research initiatives in outpatient substance abuse treatment, medication prescription practice improvement, and is evaluating the implementation of evidenced based practices in our system with the University of Pennsylvania, The Johns Hopkins University, and Delaware State University. Under the leadership of our Chair of Psychiatry, Ranga N. Ram, M.D., we have attracted nationally renowned faculty to our Residency Program and have developed opportunities for clinical rotations within the Christiana Care Health System in Delaware.

I encourage you to read this brochure thoroughly as it contains much information about our program, our State, and our processes. It will serve as an instructive guide to a psychiatry residency program that is designed to provide support and education to physicians who want to be part of a multi-faceted community-based system that is focused on the delivery of quality services using a multidisciplinary team approach.

Renata Henry, Division Director

Welcome

We are pleased that you are interested in learning more about our four year psychiatry residency program and hope that this brochure will be helpful to you. We are very excited about a number of new developments in our program and thoroughly enjoy living in this community and collaborating with our residents, the other faculty, and staff in our program.

We have a broadly based and in depth program with a focus on community psychiatry and public service. We are based at the Delaware Psychiatric Center in New Castle, Delaware just south of Wilmington, Delaware and about 30 minutes south of Philadelphia, Pennsylvania. Our residents do clinical rotations at a number of excellent public and private hospitals and clinics in the area. Also, we have recently developed a new affiliation with the Department of Psychiatry and Human Behavior at Thomas Jefferson University in Philadelphia. Our residents will begin to do some clinical rotations and participate in some didactics in that department and we are expanding opportunities within the Christiana Care Health System in Delaware.

Our program is in a new and exciting growth phase and we are seeking to establish ourselves as a model psychiatric program that has a big picture view of psychiatric care incorporating institutional, academic, community health systems, and private practice work. Opportunities for employment post residency abound in our State and we make a concerted effort to retain our residents in well paying jobs within the State.

We are pleased that Dr. Troy Thompson, a professor of Psychiatry at Jefferson and chair of that department for 10 years, has recently accepted a position to serve as a senior liaison between the Jefferson program and ours. This will include coordinating joint rotations and didactics, clinical teaching and supervision, and mentoring scholarly and research projects with faculty and residents. Dr. Thompson received the Teacher of the Year Award from Jefferson medical students and has also received several residency teaching awards.

We are also very pleased to have Dr. Carol Kuprevich join our leadership group. She has a doctorate in education and has expertise in curriculum design and in evaluation of clinical and educational experiences. She has recently reorganized our didactic curriculum, in consultation with our faculty, to assure that our residents have a comprehensive and progressively more in depth didactic courses and clinical experiences and supervision. Regular evaluation procedures assure feedback between residents and faculty so both groups can more effectively work toward our mutual goal and objectives. These include educating and training excellent psychiatrists who will be well prepared to continue in fellowships, be competitive for other positions, and conduct excellent and successful clinical practice. Other exciting new additions to our program include medication utilization research that is statewide and the reduction of frequent inpatient treatment episodes for an identified population.

If our program is of interest to you, we hope that you will apply and hopefully be invited to come for an interview and to see our program and community. If so, we will look forward to meeting you and to answer any further questions you may have. Until then, if you have questions, please contact us at any time.

Table of Contents

Application Procedure	5
Salary and Benefits	5
Directions to the Delaware Psychiatric Center	6
Map of the Delaware Psychiatric Center	7
The State of Delaware	8
Clinical Rotation Schedule	9
Institutions Where Residents Do Clinical Rotations	11
Didactic Curriculum	14
Course Descriptions	16
Faculty	19
Psychiatry Residency Goals and Objectives	23
Evaluation	27

Application Procedure

The Delaware Psychiatric Center (DPC) psychiatry residency program is an ACGME-accredited four-year program leading to eligibility for specialty certification by the American Board of Psychiatry and Neurology. There are three residency positions for each of the four years, which begin in July of each year.

Applications for PGY-1 positions to matriculate are by ERAS. Applicants for advanced years (PGY-2 or PGY-3) must be in good standing in the program from which they are transferring, or have successfully completed training in another specialty. They should apply by sending a letter and Curriculum Vitae to:

Adam Bowman, M.D., Associate Training Director
Psychiatry Residency Program
Delaware Division of Substance Abuse and Mental Health
1901 North Dupont Highway/Springer #2
New Castle, DE 19720
Phone: (302) 255-2707
Fax: (302) 255-4452
Email: Residency.Training@state.de.us

Applicants from LCME accredited medical schools, Canadian medical schools and schools of osteopathy must have passed USMLE Step 2 prior to matriculating. Applicants who are international medical graduates (IMGs) must be ECFMG certified and have a valid visa and social security number.

Salary and Benefits

Fiscal year 2005 at the Delaware Psychiatric Center (DPC)

PGY	Annual Salary	Biweekly Salary
1	\$39,633.30	\$1,524.36
2	\$41,835.15	\$1,609.04
3	\$44,027.00	\$1,693.73
4	\$46,238.85	\$1,778.42

The State of Delaware offers a comprehensive package of benefit options, including medical and dental insurance, a prescription plan, sick and vacation leave, deferred compensation, group life insurance, a flexible spending account, prescription plan, and an employee assistance program.

Directions to the Delaware Psychiatric Center New Castle, Delaware



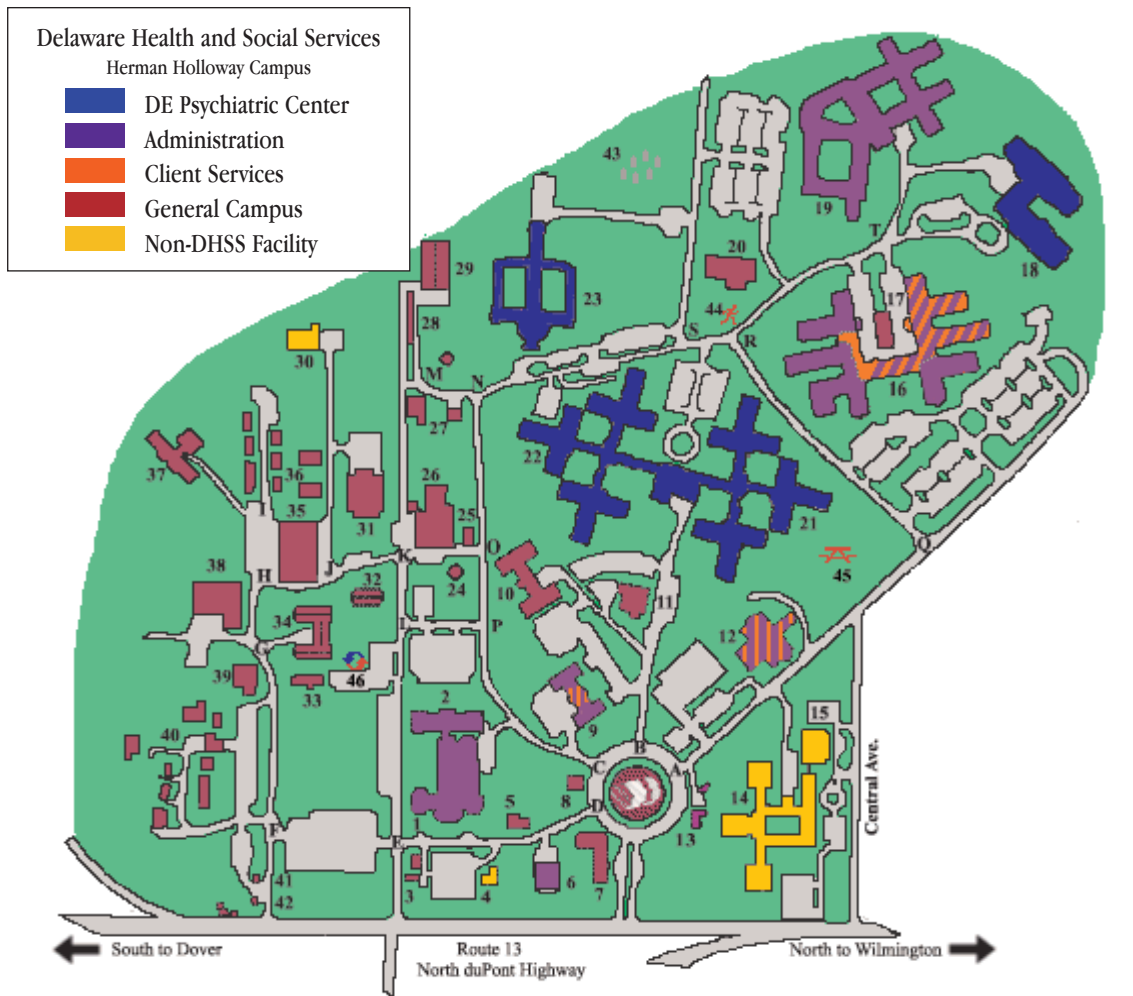
The Delaware Psychiatric Center is located just off of I-95 and Route 13 in New Castle, Delaware and is easily accessible by car (I-95), train (Amtrak Station, Wilmington), or air (Philadelphia International Airport). Other major cities and the time to drive to them on I-95 to the south include Baltimore, MD (about 1 hour) and Washington, DC (2 hours) and to the north include Wilmington, DE (10 minutes), Philadelphia, PA (30 - 40 minutes) and New York City (2.5 hours).

Driving from Philadelphia, Pennsylvania: Take I-95 South to I-495 South towards Baltimore/Port of Wilmington. Take I-495 for about 10 miles and exit at the Dupont Parkway/US-13 South exit towards Dover. The Herman Holloway Health and Social Services Campus/Delaware Psychiatric Center is 3 miles south on US-13 on the right.

Driving From Baltimore, Maryland: Take I-95 North for 60 miles to I-295. Follow I-295 toward the Delaware Memorial Bridge. Stay in the left lane. This exit ramp and the exit ramp from the North will merge. Take the far left lane and exit at US-13 North/Wilmington. Take the right lane of the exit ramp. A green sign reads, "Herman Holloway Health and Social Services." The right turn lane appears shortly after the sign on the left side. Make a u-turn where indicated, onto US-13 South. Proceed one mile to the Herman Holloway Health and Social Services Campus/Delaware Psychiatric Center on the right.

There is an information booth on the right, just after entering the campus. Staff there can give directions to the Springer Building. There is a map on the next page locating the Springer Building at #19.

Map of the Delaware Psychiatric Center on the Delaware Health and Social Services Campus 1901 North Dupont Highway, New Castle, Delaware 19720



- | | | |
|---|-------------------------------|---------------------------|
| 1. Main Building | 16. Biggs Building | 32. Chapel |
| 2. Annex | 17. Biggs Gym | 33. Clothing |
| 3. Old Gatehouse | 18. Carvel Building | 34. Wilmington Building |
| 4. T Building | 19. Springer Building | 35. Laundry |
| 5. Triplex | 20. Pool | 36. Residences |
| 6. DSS Blue Building | 21. Kent Building | 37. Del Manor |
| 7. Tarumianz | 22. Sussex Building | 38. Warehouse |
| 8. Power House | 23. Mitchell Building | 39. Old Rec Hall |
| 9. Charles H. Debnam Building | 24. Water Tower | 40. Residences |
| 10. RE/RW Building | 25. Carpenter Shop | 41. Electric Distribution |
| 11. Campus Garden Café | 26. Maintenance Shop & Garage | 42. Fire Pumphouse |
| 12. Lewis Building | 27. Boiler House | 43. DPC's Graveyard |
| 13. Hospitality House | 28. Greenhouse Storage | 44. Exercise Area |
| 14. Terry Children's Psychiatric Center | 29. Greenhouse | 45. Picnic Grove |
| 15. Fernhook | 30. Hidden Treasures | 46. Recycle Center |
| | 31. Kitchen | |

The State of Delaware



The first inhabitants of Delaware were the Lenni Lenape Indian people. They were joined in the early 1600s by Dutch and Swedish settlers and named the area for Lord de la War, the Governor of Virginia. Delaware, often called the “First State,” became a state in 1776 and became the first state to ratify the United States Constitution in 1787.

Delaware is the second smallest state in size and is the sixth smallest in the United States in population with about 800,000 people. It is centrally located to several other major cities, including Philadelphia and New York City to the north, and Baltimore, Maryland and Washington, D.C., to the south. The state of New Jersey is just across the Delaware Bay and easily reached by several bridges. Regular train service is available from Wilmington to many destinations. Philadelphia International Airport is about 30 minutes north of Wilmington.

Delaware is host to a number of Fortune 500 companies, many of whom have their headquarters in Wilmington. Delaware is also home to a wide variety of cultural and historic attractions and activities throughout the state all year long. Some examples include: Winterthur’s collection of early American decorative art, museums of all varieties, scenic and historic train rides, the annual Punkin’ Chunkin’ festival in the fall, home games of the minor league baseball team, the Wilmington Blue Rocks.

The weather is generally mild in Delaware, and the four seasons are distinct and pleasant. The average summer temperature is 85 degrees Fahrenheit, and fall weather is crisp with the foliage turning beautiful reds and oranges. The average winter temperature is 40 degrees Fahrenheit. There are usually a few snowfalls each winter of several inches.

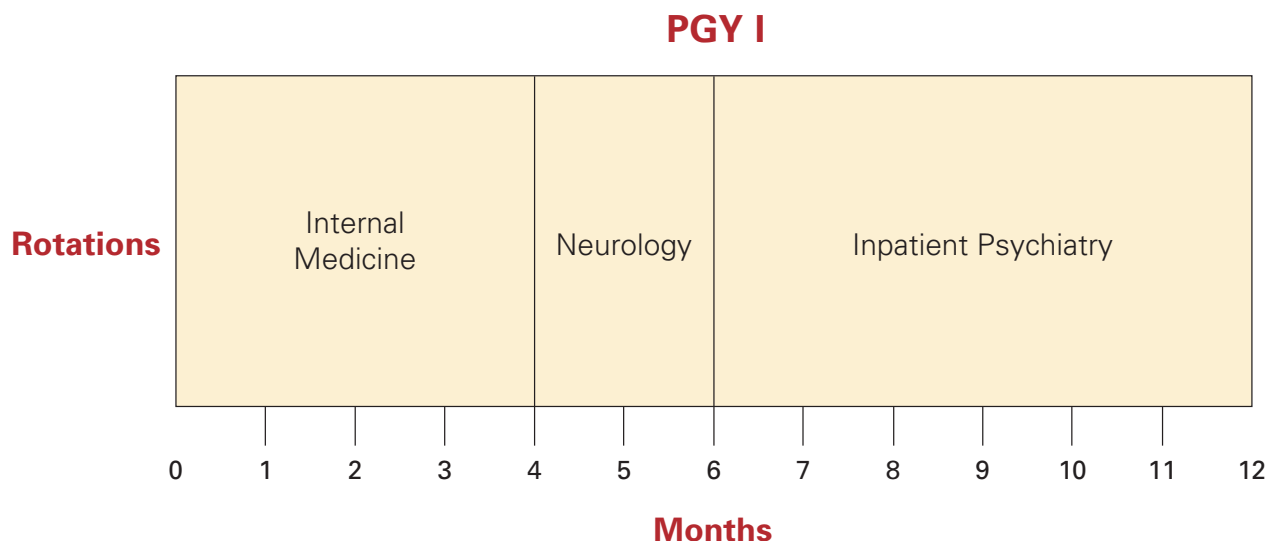
The Delaware Psychiatric Center, located in New Castle County, is 3 miles south of the state’s largest city, Wilmington. Dover, the state capital, is in the center of the state and about 45 minutes south of the Delaware Psychiatric Center. Delaware’s other two counties, Kent and Sussex, are partially rural and contain 28 miles of beautiful beaches a little over an hour from New Castle. The nearby Delaware Bay and Chesapeake Bay are beautiful areas for boating and sailing.

Delaware offers a wide variety of school choices for pre-school through post-graduate levels. The Christiana Health Care System, including Christiana and Wilmington Hospitals, provides excellent medical care in all specialties and is affiliated with Jefferson Medical College, in Philadelphia, Pennsylvania.

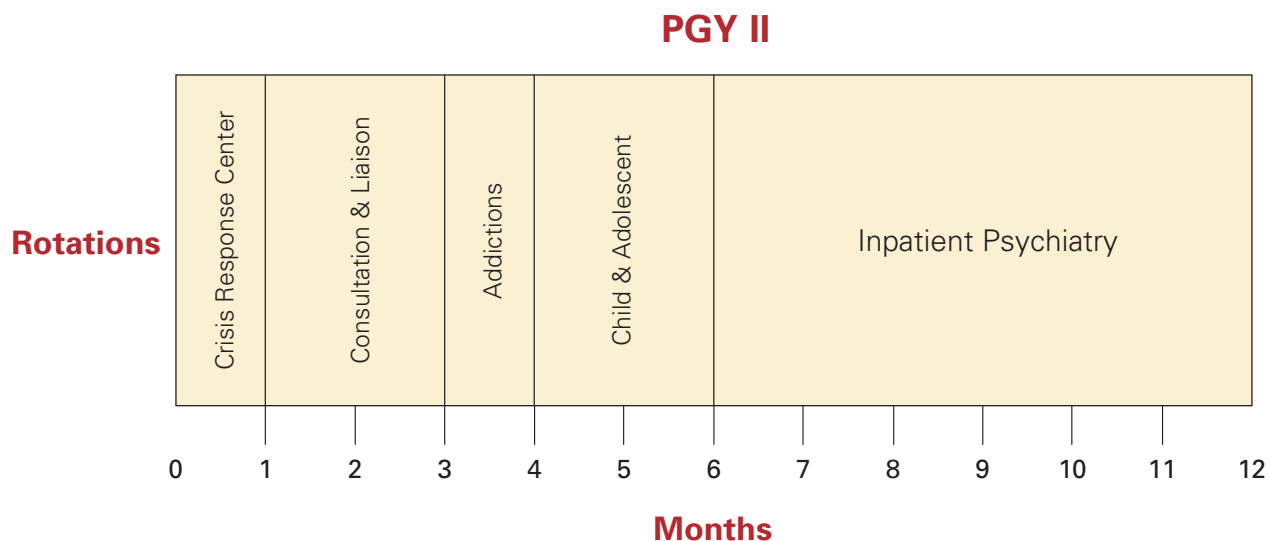
Delaware Fast Facts:

- Delaware is known as the “First State” due to the fact that on December 7, 1787, it became the first of the 13 original states to ratify the U.S. Constitution.
- Delaware ranks 49th in the nation in total area and 45th in population.
- The nickname “Small Wonder” was given to Delaware due to its size and the contributions it has made to the United States as a whole and the beauty of Delaware.
- The motto of the state of Delaware is “Liberty and Independence.”
- The Blue Hen chicken is the State Bird of Delaware. During the Revolutionary War, Delaware soldiers took these chickens along to amuse themselves with cockfights when not engaged in combat. The Delaware soldiers became known for their valiant fighting and were compared to the Blue Hens.

Clinical Rotation Schedule

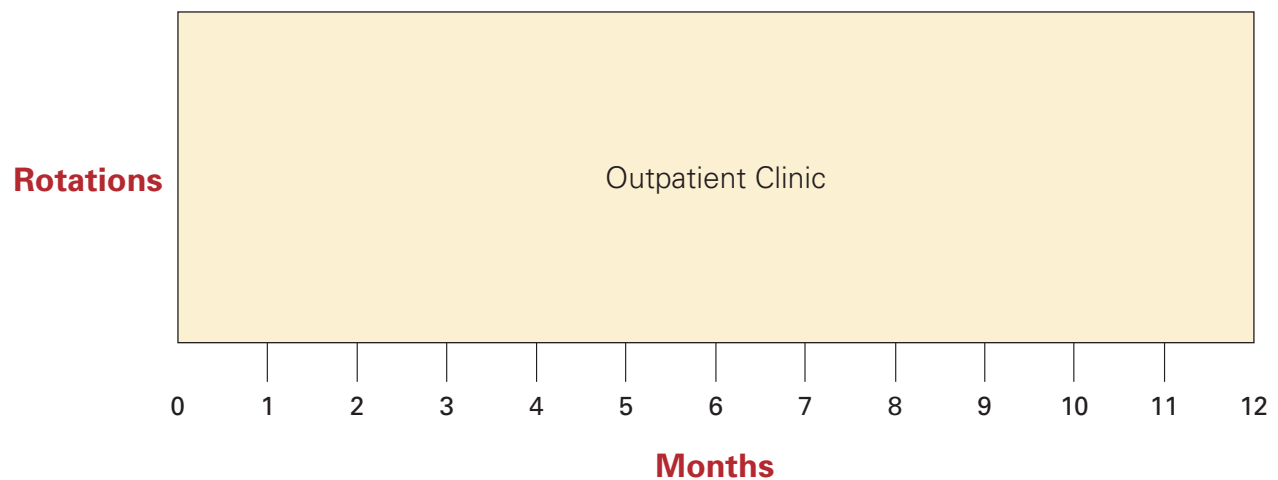


First year residents complete four months of an internal medicine rotation at the Coatesville VA Medical Center, two months of neurology at the Wilmington VAMROC, and six months of inpatient psychiatry at the Delaware Psychiatric Center.



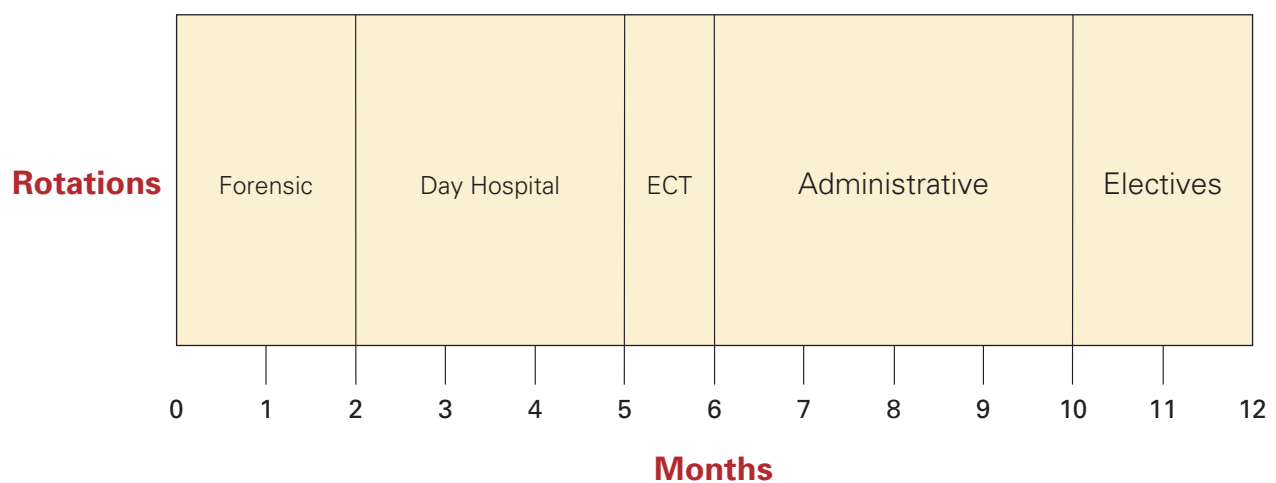
Second year residents complete a one-month rotation in the crisis response center and two months in Consultation and Liaison at Temple University Hospital. The one-month rotation in addictions is completed at the Coatesville VA Medical Center. The Child and Adolescent two-month rotation is completed at the Terry Children's Psychiatric Center and the six months in inpatient psychiatry at the Delaware Psychiatric Center.

PGY III



Third year residents complete a twelve-month rotation at the outpatient clinic at the Community Mental Health Center in Wilmington.

PGY IV



Fourth year residents complete a two-month rotation at the Delaware Psychiatric Center, Jane Mitchell Building forensics unit. The three-month day hospital and one-month electroconvulsive therapy rotations are completed at Wilmington Hospital. Four months are dedicated to Administrative requirements in the acute inpatient psychiatric unit (Kent-3) at the Delaware Psychiatric Center. Residents may choose two months of electives in any of our current rotations, or choose the option of a two-month elective in research or other field of study.

Institutions at Which Residents Have Clinical Rotations:

Delaware Psychiatric Center (DPC)

The Delaware Psychiatric Center (DPC) was founded in 1889. It is the only state-operated inpatient psychiatric facility in the State of Delaware. DPC is a part of Delaware Health and Social Services and is located on the Herman M. Holloway, Sr. Campus, at 1901 North Dupont Highway, New Castle, Delaware 19720. This campus, encompassing more than 100 acres, functions as the administrative headquarters for the Delaware Office of the Secretary of Health and Social Services and many of the Department's Divisions. Currently DPC's operational capacity constitutes 281 inpatient beds and seven units:

- 1) Kent 3 is a 32-bed extended care unit to which patients are transferred from various hospitals in Delaware. The primary diagnoses of the patients include schizophrenia, bipolar disorder, major depression, borderline personality disorder, and substance abuse disorders.
- 2) Kent 2 is a 45-bed general psychiatric unit for male and female adults exhibiting behavior problems.
- 3) Sussex 3 is a 43-bed unit for male patients who are aggressive, or have a history of behavioral dyscontrol.
- 4) Sussex 2 is a 45-bed long-term unit for male and female patients with a long history of mental illness and whose functioning is significantly impaired by cognitive deficits.
- 5) Sussex 1 is a 35-bed geropsychiatric unit for males and females.
- 6) Carvel is a 39-bed geropsychiatric facility for male and female patients who require a nursing home level of care.
- 7) Jane Mitchell is a 42-bed forensic psychiatric unit for male and female inmates in the Delaware criminal justice system. This modern, state of the art forensic unit houses a fully appointed Mental Health Court.

DPC provides a full range of psychiatric and other mental health services following the guidelines of evidence-based practice, including psychiatric services designed to provide state of the art medication

protocols. Additionally, a broad spectrum of therapies is provided by psychologists, social workers, nursing staff, occupational therapists, physical therapists, recreational therapists, art therapists, vocational therapists, and pharmacists. The hospital is fully accredited by JCAHO. DPC maintains active affiliations with Temple University and Thomas Jefferson University for training psychiatry residents, and Widener University, Philadelphia College of Osteopathic Medicine, and the University of Delaware for training psychologists and nurses.

Ancillary services for patients include medical care provided by two internists and three primary care physicians, a full time dental clinic, a full range of medical, surgical and OB/GYN consultation services, provided either on the hospital grounds, or at other locations in the area. Laboratory, EKG, EEG, and x-ray modalities are all available. Active psychiatric rehabilitation services include an exercise facility, computer training classes, GED preparation, a thrift store, hair salon, a patients' library including VCR and news journals, a patient cafeteria, and a social and recreation hall including musical instruments with an instructor.

Residents have 24-hour access to the hospital library which maintains current psychiatry and mental health journals and reference manuals, with full access to the inter-library lending system, enabling residents to have access to virtually all publications, in many languages.





Coatesville Veterans Administration Medical Center (VAMC)

The Coatesville VAMC, also affiliated with Temple University, is located in Coatesville, PA and is a specialty referral facility. The 533 bed medical center operates in the following areas: acute medical (10 beds); psychiatric (73); nursing home (221), and domiciliary (229). The center provided care to 21,865 patients in 2003 and primarily serves veterans from southeastern Pennsylvania, Delaware and southern New Jersey. The average age of patients is 64 years. This hospital, located in the idyllic Delaware Valley, has a state of the art information system that includes a paperless electronic medical record.

An interdisciplinary, collaborative approach is taken toward patient care. The veterans typically have a wide range and complex array of chronic medical conditions as well as psychological and social needs. Such needs include treatment for post-traumatic stress disorder (PTSD), Alzheimer's dementia, substance abuse, schizophrenia, depression and other psychiatric disorders, HIV/AIDS, homelessness and preventive medical care. A primary care team is assigned to oversee a patient's general medical care needs upon entry into the facility, where a physical examination, an overview of the medical history, nursing and other screening assessments are completed within 24 hours. Other assessments such as behavioral, functional, medication, nutritional, dental, pain, podiatric, psychosocial, recreational, rehabilitative, risk (fall), social work and spiritual are completed based on pre-established standards. The primary care physician is responsible for coordinating all aspects of the veteran's interdisciplinary treatment. Patients presenting for outpatient care are assigned a primary care physician and undergo the initial assessment and identification of problems within a designated timeframe. A newly organized women's health clinic provides our residents with a more varied experience.

Wilmington Veterans Administration Medical Center

Wilmington VAMROC is located at 1601 Kirkwood Highway, Wilmington, Delaware. It consists of a 58-bed hospital, a 60-bed nursing home care unit, the Veterans Benefits Administration Regional Office, and two Readjustment Counseling Centers. The facility is a member of the VA Stars & Stripes Healthcare Network and a JCAHO accredited teaching institution. Active affiliations are maintained with Thomas Jefferson University, the University of Maryland, and Temple University.

Primary, secondary and some tertiary services are provided in most major medical and surgical subspecialties, including neurology. In 2003, the number of scheduled patient exams for neurology were 4,800. Of that number, 1,200 were in-patients. Extended care is provided in the facility's NHCU. Wilmington VAMROC also operates clinics that provide primary care in Millsboro, DE, and Vineland and Ventnor, NJ.

Terry Children's Psychiatric Center

The Terry Children's Psychiatric Center is a publicly funded psychiatric facility providing a continuum of care for children under the age of 13 through the Delaware Department of Services for Children, Youth and Their Families. The Terry Center houses 18 residential beds, 6 short-term crisis beds and provides intensive day treatment services to 35 children.

The Terry Center serves as a formal teaching site for child and adolescent psychiatry fellows from Jefferson Medical College and Hospital and for general psychiatry residents from the Delaware Psychiatric Center. Family Practice residents from local hospitals and trainees in Psychology, Psychiatric Social Work and Creative Arts also spend part of their rotation, internship or practicum placement at the Terry Center.

Wilmington Hospital

Wilmington Hospital, located at 501 West 14th Street and founded in 1890, is part of the Christiana Care Health System, providing emergency care services, outpatient primary care services, joint replacement and sleep disorders centers and diagnostic imaging and medical laboratory services. The hospital contains 250 beds and there are 41 inpatient beds in the on-site Center for Rehabilitation.

Residents on rotation at Wilmington Hospital become part of the Psychiatric Crisis Team that offers 24-hour intervention for those in crisis due to psychiatric illness. All patients in need of psychiatric treatment who come to the Emergency Department, are evaluated by the Crisis team. Patients who do not require admission to the hospital receive relevant information and referrals.

Community Mental Health Clinics (CMHC)

The State of Delaware has four outpatient community mental health clinics located in each of the State's three counties: Kent, Sussex and New Castle (2). PGY 3 residents spend 12 months working in the Wilmington CMHC in New Castle County. Services the psychiatry residents provide include: screening and assessment, crisis counseling, short-term counseling, long-term therapy, medication management and healthcare coordination.

From July 1, 2002 through June 30, 2003, the Wilmington CMHC saw 956 unduplicated clients: 496 or 51.9% were female and 454 or 47.5% were male. Additional demographics that describe the diversity of patients that the psychiatry residents evaluate and treat during a rotation at the Wilmington CMHC include: more than 50% of the patients between the ages of 35 – 54 and approximately 30% are 18 – 34; 61% of the clients self-report as White/Caucasian and 32% self-report as being Black/African American.

Temple University, Philadelphia, PA

With more than 32,000 students and 14 schools and colleges, Temple University is a world-class comprehensive research university. Located midway between New York City and the nation's capital, Temple offers a broad range of academic programs that attract students from every state in the United States and from more than 95 foreign nations.

The University has 2,500 full-time and part-time faculty members, many with national and international reputations. It is one of the top 100

institutions doing research for the federal government and has one of only three university-based national survey research facilities in the nation.

Temple offers bachelor's degrees in 104 fields, master's degrees in 88 and doctoral degrees in 65. Professional degrees are offered in law, medicine and dentistry.

Temple University Hospital (TUH), founded in 1892 by Dr Russell Conwell as a 20-bed facility, is now a 514-bed tertiary medical center providing quality medical care to over 20,000 inpatients and 150,000 outpatients annually. TUH is a certified Level-1 regional trauma center and has one of the busiest emergency departments in the region.

TUH also has one of the largest adult heart transplant programs in the United States, and provides nationally recognized expertise in pulmonology, cardiology, cardiothoracic surgery, gastroenterology, orthopedics/sports medicine and psychiatry.

The Delaware Psychiatric Center psychiatry residents work with Temple psychiatry residents in their consultation and liaison service under the supervision of Henry Weisman, M.D.; Brooke Zitek, M.D.; Dilip Ramchandani, M.D. and Gregg Gorton, M.D. The Consultation and Liaison Service provides 24-hour psychiatric coverage to the general medical hospital. Consultation requests are generated from medical and surgical inpatient services, the emergency room, and outpatient departments. A team of attending physicians and residents answer requests for consultations and provide follow-up as clinically indicated.

Psychiatry residents are assigned to do consultations on a rotating basis and approximately 1200 patients (about 50% male and 50% female) are seen annually. Residents are vital members of the teaching program for medical students. Psychiatric residents, accompanied by medical students, evaluate each patient. An attending psychiatrist provides supervision at the bedside and during rounds. The types of patients seen in consultation include those who are manifesting difficulty coping with their physical illness, and those with acute toxic psychoses, delirium, dementia, drug and alcohol abuse, acute and chronic psychiatric disorders, behavioral problems, those with diagnostic and management dilemmas as well as with competency issues.

Residents also work in the Crisis Response Center (CRC) at Temple University Hospital. Each month the CRC evaluates 600 – 650 patients; approximately 65% of these patients are male and 35% female.

Didactic Curriculum

In addition to receiving site-specific didactic lectures and case conferences, residents have formal didactic lectures each week. Didactics are on Tuesdays throughout the day and on Thursday mornings. Grand Rounds and most lectures are held in the Springer Building on the Herman Holloway Campus. Didactics are scheduled on a two-year cycle to allow residents every opportunity for exposure to each topic.

Year One Cycle

Name of Faculty Presenter	Course#	Course Title	Total Class Hours
Troy Thompson, M.D.	101	Basic Diagnostic Interviewing	3
Troy Thompson, M.D.	102	Introduction to the Diagnosis and Treatment of Psychiatric Disorders/ Classification in Psychiatry	4
Antonio Sacre, M.D.	103	Electroconvulsive Therapy (ECT)	2
Adam Bowman, M.D.	104	PRITE Review	2
Sylvia Foster, M.D.	105	Forensic Psychiatry	5
Elizabeth Mace, Psy.D.	106	Psychological Testing	6
Karen Kovacic, M.D.	107	Evidence Based Psychiatry	2
Troy Thompson, M.D.	108	Neuropsychiatry	8
Ronald Rosenbaum, M.D.	109	Introduction to Basic Psychotherapy	6
Adam Bowman, M.D.	110	Clinical Psychopharmacology	16
Elizabeth Mace, Psy.D.	111	Resident Support Group	12
Sylvia Foster, M.D.	112	Ethics in Psychiatry (Part I)	10
Ranga Ram, M.D.	113	Community Psychiatry	4
Roy Steinhouse, M.D.	114	Diagnostic Interviewing and Treatment Planning	20
Roy Steinhouse, M.D.	115	Biopsychosocial Patient Presentation and Formulation	20
Troy Thompson, M.D.	116	Review of Psychiatric Disorders	24
Ranga Ram, M.D.	117	Emergency Psychiatry	2
Ronald Rosenbaum, M.D.	118	Geriatric Psychiatry	3
Richard Cruz, M.D.	119	Child & Adolescent Psychiatry/ Normal Development Tasks Through the Life Cycle	24
Ranga Ram, M.D.	120	Cultural Psychiatry (Part I)	8
Adam Bowman, M.D.	121	Journal Review/Journal article presentation	20
Ranga Ram, M.D./ Carol Kuprevich, Ed.D	122	Psychiatry Grand-Rounds	20
Karen Kovacic, M.D.	123	CNL/Correlation Between Medical Disorders & Psychiatric Disorders	7
Sylvia Foster, M.D.	124	Addiction Psychiatry	6
Karen Kovacic, M.D.	125	Aggression Management	2

Year Two Cycle

Name of Faculty Presenter	Course#	Course Title	Total Class Hours
Troy Thompson, M.D.	201	Advanced Review of Psychiatric Disorders	24
Ranga Ram, M.D.	202	Advanced Psychopharmacology	12
Troy Thompson, M.D.	203	Neurology for Psychiatrists	8
Sylvia Foster, M.D.	204	Advanced Addiction Psychiatry	8
Sylvia Foster, M.D.	205	Ethics In Psychiatry	4
Ronald Rosenbaum, M.D.	206	Cultural Psychiatry (Part II)	4
Adam Bowman, M.D.	207	PRITE Review	2
Karen Kovacic, M.D.	208	Managed Care in Psychiatry	2
Elizabeth Mace, Psy.D.	209	Psychodynamic Psychotherapy	16
James Jackson, Psy.D.	210	Cognitive Behavioral Therapy	20
Diane Stackowski, MSN	211	Family Psycho-Education Model	6
Dianne Bingham, Ph.D.	212	Group Psychotherapy	5
Charlotte Selig, Psy.D.	213	Brief Focused Psychotherapy/Interpersonal Psychotherapy	8
Kathryn Sheneman, Psy.D.	214	Supportive Psychotherapy	3
Brian Simon, Psy.D.	215	Psychological Testing	4
Karen Kovacic, M.D.	216	Rehabilitation in Psychiatry	4
Ronald Rosenbaum, M.D.	217	Advanced Geriatric Psychiatry	4
Roy Steinhouse, M.D.	218	Diagnostic Interviewing and Treatment Planning	20
Adam Bowman, M.D./ Residents	219	Journal Didactic	20
Roy Steinhouse, M.D.	220	Biopsychosocial Patient Presentation and Formulation	20
Ranga Ram, M.D./ Carol Kuprevich, Ed.D.	221	Psychiatry Grand-Rounds	20
Ronald Rosenbaum, M.D.	222	Disability Assessment	2
Carol Kuprevich, Ed.D.	223	Introduction to Research	2
Karen Kovacic, M.D.	224	Psychiatric Genetics	2
Richard Cruz, M.D.	225	Child Psychiatry	24
Elizabeth Mace, Psy.D.	226	Resident Support Group	20
Adam Bowman, M.D.	227	Psychiatric Interview	3

Course Descriptions

Basic Diagnostic Interviewing illustrates how information, gathered from the patient interview, is used to develop rational differential diagnoses. Ways to develop skills in taking the history of a patient and conducting the mental status examination are discussed.

Introduction to the Diagnosis to the Treatment of Psychiatric Disorders/ Classification in Psychiatry develops DSM-IV-TR formulation skills from data elicited during the interview. Developing brief diagnostic skills and case presentation skills of diagnostic data gathered from the interview are examined.

interpreting the testing of the patient with significance of findings from the assessment are emphasized.

Evidence Based Psychiatry discusses the differences between evidence-based psychiatry, promising practices, common practices and harmful practices. An introduction to evidence based research programs such as medication algorithms is included.

Neuropsychiatry covers key aspects of the basic bedside neuropsychiatric examination including the Mental Status Exam, the neurological exam, the use of the Glasgow Coma Scale, the Mini-Mental Status Exam, and the Confusion Assessment Method.



Didactic Day for Residents.

Electroconvulsive Therapy (ECT) reviews basic principles and procedures in the practice of ECT. Evidence based literature and methods of application, including indications, contraindications and procedural elements of ECT are emphasized.

PRITE Review covers practical strategies for answering multiple-choice questions and reviews critical material from all areas of previous PRITE exams.

Forensic Psychiatry reviews basic topics including: legal concepts and courtroom procedures; insanity defense; malpractice; civil commitment; competency and guardianship; confidentiality and privilege; duty to warn; ethics, and patient rights.

Psychological Testing reviews methods of assessment including a review of intellectual, neuropsychological, objective and productive personality, and objective self-reporting. The application of methods through case presentations and

Diagnosing and differentiating among delirium, dementia, depression and other psychiatric illnesses is discussed. A comprehensive study of the neurological foundations of human behavior from the molecular to the cellular and systems levels is examined.

Introduction to Basic Psychotherapy presents concepts such as transference, working alliance, regression, internal conflict, internalized object relationships, self-objects, rapport, interpretation, support, boundaries and countertransference.

Clinical Psychopharmacology reviews the pharmacokinetic and pharmacodynamic principles specifically related to psychiatric medications and the importance of these principles when developing pharmacological treatment plans for patients. The main therapeutic actions and indications for each major class of psychotropics is studied.

Residents' Support Group meets regularly and on an as needed basis with a psychologist. The group is designed to address the needs of the residents in an environment that is supportive without the restrictions of evaluation.

Ethics in Psychiatry seeks to acquaint the resident with the variety of ethical dilemmas faced in the practice of psychiatry and to develop strategies to resolve dilemmas in daily practice. Discussions on a variety of principles such as malfeasance, paternalism, involuntary treatment, exploitation of doctor-patient relationship and confidentiality are included.

Community Psychiatry explores the history of the community psychiatry model. The resident is exposed to basic concepts related to dealing with persons with severe and persistent mental illness in the community. The course also explores working with multidisciplinary teams, families, psychosocial rehabilitation, and dual diagnosis.

Diagnostic Interviewing and Treatment Plan addresses clinical cases with special attention paid to differential diagnosis, management issues, and prognosis. The instructional format offers residents an opportunity to present and discuss cases with challenging diagnostic, treatment, and response issues.

Biopsychosocial Patient Presentation and Formulation provides regular review of the type of inquiry residents will have when they sit for board exams, participate in team meetings, present at case conferences, and interact with other specialists.

Review of Psychiatric Disorders seeks to develop an understanding and appreciation of basic treatment approaches and the evolving nature of major mental illnesses.

Emergency Psychiatry explores the nature and purpose of the emergency psychiatry evaluation and introduces the uses of pharmacotherapy and psychotherapy in the acute setting.

Geriatric Psychiatry reviews disorders prevalent in mature adults and how to diagnose and treat these disorders including dementias, organic brain syndromes, mood disorders and psychoses.

Child and Adolescent Psychiatry/Normal Development Tasks Through the Life Cycle provides an overview of child psychiatry topics in the areas of development, psychopathology, and psychopharmacology and seeks to identify the key developmental stages throughout the life cycle.



Peer Reviewed Interview

Cultural Psychiatry discusses cultural issues and the effect it has in the practice of psychiatry. Time is spent looking at a variety of American subcultures including the African American and Orthodox Jewish populations, gay and lesbian issues, women's issues and immigrant issues.

Journal Article Presentation/Journal Review discusses techniques to conduct critical reviews of journal articles and other scientific presentations and evaluate the significance of findings and results. Presenting journal articles and interpreting scientific information accurately is taught in a manner that enhances participant skills in critical reading and succinct oral presentation.

Psychiatry Grand Rounds maximizes the didactic experience for residents and helps them to evaluate the material presented critically and raise relevant issues with the presenter. Resident participation on a grand round planning committee is expected.

CNL/Correlation Between Medical Disorders and Psychiatric Disorders discusses the use of psychotropic agents in medical/surgical patients, including the physiologic effects, contraindications, drug interactions, and dosing concerns.

Addiction Psychiatry teaches ways that physicians can intervene effectively with persons who abuse substances and understand ways to engage this population such as motivational interviewing and recovery strategies.

Aggression Management helps the resident to competently assess the patient for the potential of violence and aggression and how to use appropriate and effective psychopharmacological agents in the management in violence and aggression.

Advanced Review of Psychiatric Disorders

addresses the major categories of psychiatric disorders outlined in the DSM-IV-TR from the perspective of epidemiology, differential diagnosis, associated conditions and treatment approaches.

Advanced Psychopharmacology provides more in-depth instruction on specific properties of a range of medications from the various drug classes, as well as how to appropriately use them in treating patients.

Neurology for Psychiatrists helps the resident become thoroughly familiar with the neurologic exam and will thoroughly review higher cortical functions, subcortical systems, motor systems, cerebellar brain stem function and extra-pyramidal movement disorder.

Advanced Addiction Psychiatry reviews the effectiveness of addictions programs and treatment and the co-morbidity of substance abuse and disorders typical to outpatient settings.

Managed Care in Psychiatry reviews the basic supply and demand dynamics of the medical care marketplace with a specific reference to psychiatry.

Psychodynamic Psychotherapy introduces residents to concepts such as transference, working alliances, regression, internal conflict, internalized object relationships, self-objects, rapport, interpretation, support, boundaries, and counter-transference. Principles of psychodynamic psychotherapy and the technical considerations of therapy for the major DSM-IV-TR categories of psychopathology are presented and critiqued in their usage in actual cases.

Cognitive Behavioral Therapy allows the resident to become familiar with behavioral therapy techniques, including exposure, flooding, response prevention and stimulus/reward.

Family Psycho-Education Model discusses the differences and similarities between family education and family psychoeducation and how to make effective interventions for families of persons with severe mental illness in the inpatient setting.

Group Psychotherapy helps the resident develop and implement group therapist skills to be better able to identify and assess structural and clinical factors associated with the effective delivery of group intervention.

Brief Focused Psychotherapy/Interpersonal Psychotherapy introduces several brief psychotherapies, including EMDR, IPT and Solution-

focused through a series of lectures. Residents participate in cognitive and behavioral therapy role-plays.

Supportive Psychotherapy introduces the basic principles of Supportive Psychotherapy with an emphasis on differential therapeutics (i.e. choosing the most appropriate treatment for a particular patient) and reviews technical issues addressed including management of the therapeutic frame, affects, cognition, behavior and adaptation to reality, defense mechanisms and transference.

Rehabilitation in Psychiatry covers an array of approaches including the recovery model, use of multi-disciplinary team, case management, psychosocial rehabilitation, vocational rehabilitation and evidence based practices.

Disability Assessment discusses the history of disability, legal aspects, evaluation of impairment, and various legal and administrative systems that address compensation and the psychodynamics operating in the patient with disability claims.

Introduction to Research provides a preliminary overview of basic research, design concepts and introductory statistics and discusses key concepts related to descriptive statistics, inferential statistics, t-tests, ANOVAs correlational analysis, non-parametric technique, computer statistical programs and their output for different types of statistical tests.

Psychiatric Genetics provides an update on the most recent developments in molecular genetics including the advances in research on candidate genes and “hot spots” in schizophrenia and bipolar illness and reviews the major discoveries of genes implicated in all psychiatric illness and substance abuse.



Faculty

Wolfgang Berten, M.D. is the Director of Consultation Liaison Psychiatry at Wilmington Hospital and also works at the Partial Hospital Program in Wilmington. He graduated from the Vienna University, Cologne-Germany. He completed his internship and psychiatry residency at SUNY, NY and completed a fellowship in Child Psychiatry at Columbia University, NY.

Kavita Bharwani, M.D. graduated from Liaquat Medical College, Karachi, Pakistan. She did her internship and residency at MCP Hahnemann University Hospital, Philadelphia, PA and worked as attending psychiatrist in the University of Pennsylvania Health System. She also trained for two years in Psychoanalytic Psychotherapy at the Psychoanalytic Center of Philadelphia.

Dianne Bingham, Ph.D. is a staff psychologist at DPC. She received her doctorate degree from University of Southern Mississippi and completed her internship at the VA Medical Center, Perry Point, MD. Her areas of interest include affective disorders, borderline personality disorder, PTSD, and dissociative disorders.

Adam Bowman, M.D. is the Associate Residency Training Program Director and staff psychiatrist at the Delaware Psychiatric Center. His areas of interest include medical education, child and adolescent psychiatry and psychotherapy. He earned his degree in medicine from Jefferson Medical College in Philadelphia, PA and completed a fellowship in Child and Adolescent Psychiatry.

Joseph B. Bryer, M.D. completed his medical studies at the Medical College of Pennsylvania. His postgraduate training included a residency in psychiatry and a research fellowship in neuropsychiatry at The Johns Hopkins University, Baltimore, MD. He has a private practice of psychiatry and is the Medical Director of Electroconvulsive Therapy Services for the Christiana Care Health System.

Sheila Chellappa, M.D. has been the Chief Internist, Primary Care & Diagnostic at the Coatesville Veterans Administration Medical Center, PA. since 2001. She has worked as a physician consultant for managed care, as a primary care physician in Kentucky and Maryland and had a private practice in Baltimore, MD.

Richard Cruz, M.D. is the Chief of Child Psychiatry and Training at the Terry Children's Psychiatric Center, New Castle, DE. He also serves as an attending psychiatrist at the crisis intervention, inpatient/residential and day Hospital. He graduated from Jefferson Medical College, Philadelphia, PA and did his psychiatry residency at the University of Pennsylvania. He completed a fellowship in child psychiatry at Jefferson. His areas of interest include child psychiatry, psychoanalysis and teaching.

Emerita Evangelista, M.D. completed medical training in pediatrics and in internal medicine and worked at the St. Vincent Medical Center in New York City. Since 1975 she has worked in internal medicine at the Delaware Psychiatric Center where she is responsible for the medical care of patients.

Sylvia Foster, M.D. is the Chief Forensic Psychiatrist at DPC and is a Clinical Assistant Professor of Psychiatry at Drexel University, College of Medicine. She graduated, completed her internship, psychiatry residency and fellowship in Geriatric Psychiatry at the Medical College of Pennsylvania. Her major areas of interest include teaching residents, forensic and addiction psychiatry, inpatient psychiatry and psychopharmacology.

Gregg Gorton, M.D. is an Associate Professor of Psychiatry and Associate Director of the Consultation-Liaison Service at Temple University. He graduated from the Tufts University School of Medicine, Boston. He did a fellowship in Psychoanalytic Psychotherapy at the Austin Riggs Center in Stockbridge, MA. His areas of interest include personality disorders, addiction, sexual boundaries, ethics, and medical education.



Residents and faculty

Sandeep Kumar Gupta, M.D. is Director of Crisis and Psychiatric Emergency Services and Director of Intensive Outpatient Services at Christiana Care Health System in DE. He completed his psychiatry residency at University of Maryland and has worked as a staff psychiatrist on inpatient units and outpatient clinics throughout MD.

Navjot S. Hanspal, M.D. is a Neurologist at the VA Medical Center, Wilmington, DE. He graduated from Medical College, Amritsar, India; completed graduate studies in Internal Medicine at Post Graduate Institute of Medical Education and Research, Chandigarh, India. He did his neurology training at New York Medical College, NY. His areas of interest are dementia, pain management and epilepsy.

Maryann D. Hooker, M.D. is the Chief of Neurology at VA Medical Center, Wilmington, DE. She graduated from the Medical College of Pennsylvania. She completed her internship and residency in neurology at Thomas Jefferson University Hospital, Philadelphia.

Dennis Louis Iaccarino, D.O. is with the Coatesville VA Medical Center, PA. He has worked as an internist within a private practice, in a State Correctional Institution, and at a general hospital. He received his medical training at the Philadelphia College of Osteopathic Medicine.

Anthony J. Iaccarino, D.O., FACEP is an internist at the Coatesville VA Medical Center, PA. In addition to being Board Certified in Internal Medicine and Emergency Medicine, he has added a certificate of qualification in Geriatrics and is a Diplomat of the National Board of Examiners for Osteopathic Physicians and Surgeons.

Thomas F. Kelly, M.D., MPH, BSN is the Director of Health Care Services in the Community Services Section of the Division of Developmental Disabilities Services for Delaware Department of Health and Social Services. He completed medical school at Johns Hopkins School of Medicine and combined residencies in Internal Medicine and Pediatrics at Brown University School of Medicine.

Ellis Kendle, M.D. graduated from the University of Saint Thomas and specializes in Internal Medicine. He has been employed at DPC for over 23 years as the Director of Medical Activities. He is always available for consultation to the psychiatry residents on medical issues.

Karen Kovacic, M.D. is the lead psychiatrist at Delaware Psychiatric Center as well as the medical director of the admissions and acute care units. She is a graduate of the Medical College of Wisconsin and completed her internship and residency at Wright Patterson AFB/ Wright State University in Dayton, Ohio. Dr. Kovacic has worked in a variety of clinical settings including community mental health, health maintenance organizations, and private practice. She is an examiner for the American Board of Psychiatry and Neurology.

Carol Kuprevich, Ed.D. is Director of Education, Evaluation, Planning and Research in the residency program, a Training and Education Administrator and Co-Director of Disaster Response for the Division of Substance Abuse and Mental Health. In addition to education, her interests include research, disaster response, clinical supervision and community and emergency behavioral health.

Higinio R. Lopez, M.D. completed medical school at University of the East, Ramon Magsaysay College of Medicine in the Phillipines. He completed a residency in internal medicine at Metropolitan Hospital Center in New York City and is currently part of the Christiana Care Health System as well as the Delaware Psychiatric Center.

Elizabeth Mace, Psy.D. is a clinical psychologist at the Delaware Psychiatric Center. She received her doctorate from the Institute for Graduate Clinical Psychology at Widener University in Chester, PA., and completed her internship at Northwestern Human Services and at Crozer Keystone Health System. She is an Adjunct Clinical Professor at Widener University, at the Philadelphia College of Osteopathic Medicine, and at Eastern University.

Edward Moon, Psy.D. is a clinical psychologist and Program Manager, Substance Abuse Day Treatment for the Mental Health Patient Care Line at the Coatesville VA Medical Center. He is also the Director of the Psychology Internship Training Program at the Medical Center.

Milagros Nunag, M.D. works as an internist at the Delaware Psychiatric Center. She began her career as a house physician at the Wilmington Medical Hospital General Division and in 1968 transferred to the Veteran's Hospital in Elsmere, DE.

Ranga Ram, M.D. is the Medical Director and Chair of Psychiatry for the Division of Substance Abuse and Mental Health in the State of Delaware. He graduated from Madurai Kamaraj University, Tamil Nadu India and completed his residency at the Institute of Psychiatry and Human Behavior, University of Maryland, Baltimore, MD. He was an Associate Professor of Psychiatry at the University of Maryland School of Medicine and has numerous publications. His special areas of interests are treatment and systems issues in the care of persons with severe mental illness and homelessness in urban America. He is board certified in Psychiatry and Addiction Psychiatry.

Dilip Ramchandani, M.D. is the director of consultation-liaison psychiatry at Temple University, Philadelphia, PA. His specialty interests are consultation/liaison psychiatry, the history of psychiatry, undergraduate medical education, and inpatient psychiatry.

Jaime "Gus" Rivera, M.D., FAAP. is the Director of the Delaware Division of Public Health. He graduated from Harvard Medical School and has served as the Chairman of the Governor's Advisory Council on Hispanic Affairs and served on the National Advisory Committee of the Robert Wood Johnson Foundation's Hablamos Juntos Program. Dr. Rivera also serves on the National Advisory Committee for the National Hispanic Medical Association. He was founding Regional Medical Director, with a Pennsylvania HMO that focuses on health issues of the elderly.

Harold Rosen, M.D., F.A.P.A. is Chief Medical Officer of the Christiana Care Health System in Wilmington, DE and Clinical Associate Professor of Psychiatry at Thomas Jefferson Medical College. He is a graduate of Temple University School of Medicine and has held hospital and administrative appointments in several states as well as in the military.

Ronald Rosenbaum, M.D. serves as attending Psychiatrist in the Geriatric Unit at the Delaware Psychiatric Center. He graduated medical school in Johannesburg, South Africa and completed his residency at the Medical College of Pennsylvania, Philadelphia PA. His areas of interest are geriatric psychiatry and medical education.

Antonio Sacre, M.D. completed his medical studies at the University of Santiago. He was Director of Electroconvulsive Therapy for Christiana Care since 1976 and has taught courses on ECT throughout the area. He has been a psychiatrist on inpatient units and recently transferred to working with one of the outpatient community health centers within the Division of Substance Abuse and Mental Health.

Charlotte M. Selig, Psy.D. completed her doctorate in Clinical Psychology with a specialty in forensics. She has more than ten years of experience providing treatment in adult psychiatric inpatient settings and adolescents and children in outpatient settings. Her primary areas of interest include working with individuals with personality disorders, psychological assessment, and geriatrics.



Dr. Rosenbaum
Lecture

Kathryn M. Sheneman, Psy. D., J.D. is a psychologist for the Jane E. Mitchell Building Forensic Unit of the Delaware Psychiatric Center. She completed her doctoral training and obtained a law degree at Widener University. She is an adjunct professor at Wilmington College, teaching Mental Health & Law. Licensed in DE and PA, and admitted to the bars of PA and NJ, Dr. Sheneman specializes in forensic assessment.

Brian Simon, Psy.D. is a clinical psychologist and Director of Training for the Department of Psychology at the Delaware Psychiatric Center. He is an Adjunct Clinical Associate Professor at Widener University and an Adjunct Clinical Professor at the Philadelphia College of Osteopathic Medicine. He received his doctorate from Widener University in Chester, PA and completed his internship at the DPC.

Dianne Stachowski, MSN, RN, CS is a clinical nurse specialist. She has an undergraduate degree in nursing from Eastern College, master degree in psychiatric-mental health nursing from the University of Pennsylvania, and a certificate in marital and family therapy from the Family Institute of Philadelphia. She is also a graduate of a three-year clinical program in Gestalt therapy at the Gestalt Institute in Philadelphia.

Roy Steinhouse, M.D. is a Professor of Psychiatry and serves as Director of Education at Temple. He graduated and completed his residency training in medicine from Temple University. He completed his psychiatry internship at Albert Einstein Medical Center, Philadelphia, PA. His areas of interest are psychotherapy, diagnostics, psychopathology, administration and teaching.

Paula Renee Taylor, M.D. completed medical studies at Thomas Jefferson University and has worked as an attending physician in Rochester and Pittsford, NY. She has worked with the US Army Medical Corps and Medical Reserve Reserve Corps and as a field artillery officer throughout the world. She is an internist with the VA Medical Center in Coatesville.

Troy Thompson, M.D. is professor and former Chairman of the Department of Psychiatry and Human Behavior at Jefferson Medical College, Philadelphia. He graduated from the Emory University School of Medicine, Atlanta, GA., completed his psychiatry residency at Yale, and then was appointed to the faculty at Yale. He was certified as a psychoanalyst by the American Psychoanalytic Association and is board certified in general, geriatric, and administrative psychiatry. Dr. Thompson is a Distinguished Fellow of the American Psychiatric Association, a Fellow and past President of both Academy of Psychosomatic Medicine and Association for Academic Psychiatry and is President-elect of American College of Psychoanalysts. He is on the faculty of the Philadelphia Psychoanalytic Center.

Henry W. J. Weisman, M.D. has specialty interests including crisis intervention and management, psychopharmacology, consultation/liaison psychiatry, neuropsychiatry, psychiatric education, trans-cultural issues.

Harold Wells, M.D. is a Board Certified Internist and Pulmonologist at CVAMC, Coatesville PA. He graduated from the University of Pennsylvania, Philadelphia, PA and completed his residency in Internal medicine at the University of Cincinnati Medical Center, Cincinnati, OH. A fellowship in Pulmonary Medicine at Temple University.

Medical Director and residents at lunch



Psychiatry Residency

Educational Goals and Objectives

INTERPERSONAL SKILLS

The resident will be able to:

- Be empathic and develop rapport with patients
- Work effectively as part of a multidisciplinary team
- Work effectively with peers and as a team member
- Communicate effectively with supervisors
- Be effective and empathic in working with families
- Be an effective liaison with professional colleagues in other fields
- Adapt a style of interaction specific to a patient's age and cognitive capacity

PROFESSIONALISM

The resident will be able to:

- Exemplify personal and intellectual integrity, and demonstrate an understanding of the ethical values and behaviors of a member of the medical profession
- Assist with and ask for assistance in emergencies as appropriate
- Demonstrate a commitment to ethical principles when interacting with patients and families
- Demonstrate respect for patients and their family members.
- Demonstrate a sensitivity and awareness of the patient's culture, age, gender, socioeconomic status, sexual orientation, religion, spirituality, and disability
- Demonstrate respect towards physician and non-physician colleagues
- Communicate effectively with peers regarding cross coverage and sign-out
- Follow through with patient care recommendations
- Respect patient confidentiality
- Establish and maintain professional boundaries

SYSTEMS BASED PRACTICES

The resident will be able to:

- Incorporate material discussed with supervisor into clinical work
- Demonstrate motivation and an eagerness to learn
- Be aware of different costs of health care for different services
- Advocate for quality patient care and assist patients in dealing with system complexities
- Understand the systems of care and their role in utilization of services by patients



Faculty and residents at lunch

OUTPATIENT ROTATION

The resident will be able to:

- Perform an initial psychiatric evaluation
- Work collaboratively with a therapist to follow a comprehensive treatment plan
- Perform at least one new psychiatric evaluation per week
- Follow a group of patients for medication checks
- Learn to obtain "curbside consults" from the clinic's consultant psychiatrists
- Learn to present a case in a structured manner to colleagues and supervisors once a week
- Demonstrate an understanding of psychotherapy and seek supervision
- Perform psychodynamic psychotherapy on at least four patients through the year with supervision
- Perform supportive therapy on at least five patients under supervision
- Perform cognitive therapy on at least three patients for at least 12 weeks each under supervision
- Understand the role of evidence based practices as they relate to psychopharmacological management
- Learn to perform brief evaluations of urgent cases to ensure continuity of care



Discussion with Dr. Cruz

INPATIENT ROTATION

The resident will be able to:

- Obtain information from patient interviews, family contacts, previous medical records, and outpatient providers to complete a thorough assessment of the following and other areas:
 - History of Present Illness: assessment of symptomatology, chronological order of events, recent stressors and precipitants, level of functioning
 - Past Medical History
 - Past Psychiatric History
 - Substance Abuse History
 - Family History
 - Social History
 - Developmental History
- Complete a comprehensive mental status examination
- Assess for dangerousness to self and/or others
- Use precautions appropriately, including close observation, suicide precautions, and one to one interaction
- Understand and appropriately apply criteria for inpatient hospitalization
- Determine if a patient is sufficiently medically stable for psychiatric hospitalization
- Formulate a basic treatment plan, including the following:
 - Acute stabilization
 - Medication management
 - Psychosocial interventions
 - Group and individual therapy
 - Psycho-education
 - Discharge planning

- Demonstrate a basic understanding of individual, group and family treatment as these areas relate to inpatient psychiatry
- Document the full history, mental status examination, hospital course, differential diagnosis, diagnostic formulation and treatment plan in the discharge summary
- Produce a reasonable differential diagnosis based on an understanding of DSM-IV-TR criteria for the five axes
- Recognize and adapt to cultural differences
- Obtain and provide cross coverage as needed
- Do appropriate sign-outs addressing pertinent patient issues
- Demonstrate a basic understanding of medical-legal issues as they relate to inpatient psychiatry
 - Understand voluntary and involuntary admission procedures and paperwork
 - Testify in civil court hearings
- Be familiar with issues involved in court committed patients, issues of confidentiality, forced medications and medication panels
- Demonstrate ability to co-lead group psychotherapy, social skills groups and behavior skills groups

FORENSICS ROTATION

The resident will be able to:

- List some differences between general and forensic psychiatry
- Understand the difference between competence and criminal responsibility, and be able to recite Delaware's legal test for both
- Demonstrate a basic understanding of criminal procedure
- Have a basic understanding of Constitutional law
- Outline the requirements of Delaware's Tarasoff statute
- Define the terms "privilege" and "confidentiality"
- Perform at least one pretrial evaluation for competence to stand trial and/or criminal responsibility
- Perform at least one pre-sentence evaluation
- Read and present a legal case
- Prepare and present a forensic case
- Complete a well-written forensic report in a timely fashion

PSYCHOPHARMACOLOGY

The resident will be able to:

- Display basic skills in using Clozapine, including when to consider a Clozapine trial
- Describe TD treatments and the proper use of the AIMS test
- Describe NMS and detail a treatment plan.
- Display an understanding of the indication, side effect profile, and dosing of TCAs, SSRIs, SNRIs, and other anti-depressants
- Display an understanding of the indication, side effect profile, dosing as well as pre-treatment testing, follow-up monitoring, and major contra-indications to Li, VPA, and CBZ
- Display proficiency in using other classes of psychotropic medication including Benzodiazapines, Buspar, Revia, Buprenorphine, cognitive enhancers and stimulants
- Know which BZDs lack active metabolites.
- Develop a basic psychopharmacologic treatment plan for an inpatient
- Know phenomenology of, and diagnostic criteria for, various psychiatric disorders and be able to elicit those criteria clinically from patients, and obtain relevant data from family and treating professionals
- Have an in-depth understanding of the phenomenology and diagnostic criteria for the following disorders:
 - Schizophrenia and other Psychotic Disorders
 - Mood Disorders
 - Adjustment Disorders
 - Substance-Related Disorders
 - Personality Disorders

CHILD AND ADOLESCENT PSYCHIATRY

The resident will be able to:

- Understand normal growth and development
- Master techniques and strategies for diagnostic assessment of preschool, school age and adolescent patients
- Understand the importance and impact of family dynamics on child and adolescent development
- Understand the importance and impact of school experiences and peer relationships on development
- Become familiar with the various classifications of medications and their appropriate uses with child and adolescent patients
- Be familiar with techniques and applications of play therapy
- Gain experience with behavior modification techniques, parent management techniques, brief therapy and longer term psychodynamic therapy

- Be familiar with the various diagnostic conditions of childhood and adolescence including: ADHD, Conduct Disorder, Anxiety Disorders, Oppositional/Defiant Disorder, Autism, Schizophrenia, Spectrum Disorders, Obsessive-Compulsive Disorders, Substance Abuse Disorders and Learning Disabilities
- Understand differences in symptomatology amongst children, adolescents and adults
- Understand the occurrence of commonalities in children and adolescents.
- Develop competency in prescribing and managing stimulant medication for ADHD, including Ritalin, Dexedrine, and Adderal
- Develop competency in prescribing and managing non-stimulant medication for ADHD, including Wellbutrin, Clonidine, Tenex and Strattera
- Develop competency in prescribing and managing SSRI medications for depression and anxiety
- Understand the use of antipsychotics
- Understand the use of mood stabilizers
- Be aware of various structured diagnostic tests, i.e.: CBCL, CONNERS, CDI

CONSULTATION-LIAISON ROTATION

The resident will be able to:

- Respond to consultation requests from inpatient services, the emergency room and outpatient departments
- Complete psychiatric evaluations and treatment recommendations including referrals for follow-up
- Clearly communicate findings from a consultation verbally and in writing to the appropriate staff and colleagues
- Provide referral information and certification forms to insurance companies and mental health agencies.



The Mitchell Building

- Provide supervision and instruction to students accompanying residents on consultations
- Complete a comprehensive psychiatric evaluation with the development of an appropriate differential diagnosis
- Document clinical findings appropriately
- Initiate appropriate psychiatric treatment in the general hospital setting, including negotiations with the patient's primary caretakers to insure that appropriate workups and psychiatric treatment occurs
- Determine the effects of physical illness and hospitalization on patients with an emphasis on the healthy and pathological psychological defenses that are mobilized
- Recognize the impact of an individual patient's psychological coping abilities on the various members of the medical team
- Rapidly assess patient behavior that may interfere with medical management
- Display an understanding of mind-body relationships, including the somatoform disorders, factitious disorders, psychophysiologic disorders and the role psychoneuroimmunology mechanisms play in health and illness
- Determine appropriate goals and expectations for long-term treatment in acute situations
- Obtain and provide cross-coverage as needed
- Provide brief, focused psychotherapy

EMERGENCY PSYCHIATRY ROTATION

The resident will be able to:

- Assess and begin to manage crisis situations with appropriate supervision as needed
- Effectively accept and prioritize the sign-out of cases at the beginning of a shift
- Efficiently and appropriately acquire clinical information in a variety of ways including:
 - Gathering information on referrals
 - Interviewing the patient and acquiring a complete mental status exam
 - Interviewing the family and accompanying significant others
 - Calling collateral sources of information such as family, caregivers, current and previous providers.
- Effectively manage the violent and agitated patient through the judicious use of the following options:
 - Verbal de-escalation
 - Medications
 - Use of restraints
- Discuss risk factors in assessment of suicidal and homicidal patients.
- Be able to assess and manage psychotic patients in the ED setting

- Check levels of psychiatric medications and assess how these levels relate to the last dose.
- Demonstrate an appreciation of the psychosocial aspects of treatment with patients including crisis counseling, psychoeducation, community referrals, and to pharmacotherapy
- Appropriately document the decision-making process and explain the justification for the decisions.
- Assess a patient medically through history and physical exam and be able to recognize and manage uncomplicated medical needs
- Evaluate the cognitive capacity of medically ill patients and assess the patient's ability to make decisions
- Demonstrate proficiency in taking a history and performing a physical examination on the patient in detox
- Recognize complicating medical factors in the patient with an addiction
- Demonstrate the ability to appropriately monitor a patient in detox and be familiar with symptoms and signs of withdrawal, including those from alcohol and heroin
- Demonstrate an understanding of informed consent by documenting the risk/benefit discussion of treatment options with patients.

GERIATRIC ROTATION

The resident will be able to:

- Perform psychiatric and medical work-ups of newly admitted elderly patients, including obtaining appropriate laboratory studies
- Formulate a differential diagnosis of psychiatric signs and symptoms including medical causes
- Use collateral information appropriately to obtain a thorough history



Springer Building where didactics are held

Evaluation

An evaluation process for each clinical rotation and each didactic course is in place at the DPC residency program. Each attending physician completes a competency evaluation of the resident and there is an evaluation for the resident to complete regarding each rotation. A similar evaluation process is used by the faculty and residents in each didactic course. The evaluations are compiled by the residency director who then reviews, in detail, the results of the evaluations with each resident and, working together, they formulate a plan to further improve future education and performance. The residents' evaluations of rotations and didactics are used to improve and increase efficiency of rotations and courses to ensure that the residency program is meeting the educational needs of the residents and provide feedback to faculty to further refine their course curriculum and teaching.



Treatment Planning

Each resident provides a written evaluation on faculty teaching didactic courses and the clinical rotation

- Residents evaluate faculty teaching didactic courses on course content, professionalism and the format of the course content and use of teaching aides.
- The resident evaluates the clinical rotation on professionalism, clinical supervision and didactic and bedside instruction.
- The residency director receives above evaluations and reviews them with the Graduate Medical Education Committee and provides feedback to faculty.

Each resident is evaluated by the attending M.D. on every clinical rotation and by faculty teaching didactic courses.

- The attending M.D. evaluates the resident on clinical rotation on their competency of patient care, medical knowledge, practice-based learning and self-improvement, interpersonal and communication skills, systems-based practice and professionalism.
- Faculty teaching didactic courses evaluate residents on attendance, participation, and meeting objectives of the course.
- The residency director meets with each resident every 6 months to review all of the evaluations and provides an overall evaluation to the resident with identified areas on which to work for the next 6 month period.



Delaware Psychiatric Center
Psychiatry Residency Program
1901 North Dupont Highway
New Castle, Delaware 19720